

HOME Program

Homeownership Assistance/ Rental Housing

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

Note: Complete for all Homeownership Assistance/Rental Housing Projects prior to project set-up and send the completed form to: Department of Housing and Community Development, HOME Program 1800 3rd Street, MS 390-3, P.O. Box 952054, Sacramento, CA 95814	Check the Appropriate Box <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Revision
---	--

Part A: Call-In Part A must be called in to HUD to set up project accounts. This completed form must be submitted to HUD immediately after project set-up call.

1. Project Number	2. Name of Participant	6. HOME Funds for Project a. Total Funds Requested + \$	
3. Participant Tax ID Number	4. CHDO Tax ID Number	b. Participant Number	c. Dollar Amount of Funds
			\$
5. Type of Project <input type="checkbox"/> <input type="checkbox"/>			\$
			\$
			\$
8. Name & Phone Number (including Area Code) of person completing form	9. CHDO Loan (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No		\$
			\$
		7. Total Estimated Cost of Project (HOME-assisted units, including other public/private funds) \$	

Part B: Project Information

1. Street Address of Project						
1a. City			1b. State	1c. Zip Code		
2. Name of Owner			2a. Last Name	2b. First Name		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.						
3. Mailing Address of Owner						
3a. City			3b. State	3c. Zip Code		
3d. Phone (Include Area Code)	4. Name of Firm (if applicable)	5. Total Units in Project Prior to Assistance	6. Estimated Units Upon Completion	7. Total HOME-Assisted Units Upon Completion		
8. Type of Ownership (Check one box) (1) <input type="checkbox"/> Individual (4) <input type="checkbox"/> Not-for-Profit (2) <input type="checkbox"/> Partnership (5) <input type="checkbox"/> Publicly-Owned (3) <input type="checkbox"/> Corporation (9) <input type="checkbox"/> Other		9. Tenure Type (Check one box only) (1) <input type="checkbox"/> Rental (2) <input type="checkbox"/> Homeownership First-Time Buyer (3) <input type="checkbox"/> Homeownership Rehabilitation		10. Complete for Community Housing Development Organization Projects (check one box) (1) <input type="checkbox"/> Owned (2) <input type="checkbox"/> Sponsored (3) <input type="checkbox"/> Developed		11. County Code (to be completed by Centralized States only)

**STATE OF CALIFORNIA HOME PROGRAM
PROJECT FUNDING SOURCE DETAIL**

For Submittal With Each Project Set-Up Report and any subsequent Revisions

PART C: Contractor & Project Information

Contractor Name: _____ ☐ Original Submittal Revision
HOME Contract Number: _____-HOME-_____
Name and phone # of person completing this form _____ Date: _____

State Recipients are required to identify, at least once per month, their undisbursed balance of Program Income/Recaptured funds ("Balance"). Please provide the following information: a) Date of Balance: _____, b) Balance (if Balance is zero enter 0, do not leave blank): \$ _____

Type of Project (check one)	HCD Code		HCD Code
<input type="checkbox"/> Owner-Occupied Sub. Rehab	[0001]	<input type="checkbox"/> Rental - Moderate Rehab	[0007]
<input type="checkbox"/> Owner-Occupied Mod. Rehab	[0002]	<input type="checkbox"/> Rental - New Construction	[0008]
<input type="checkbox"/> FTHB - New Construction	[0003]	<input type="checkbox"/> TBRA (Tenant Contribution only)	[0009]
<input type="checkbox"/> FTHB - (Existing)Acq. Only	[0004]	<input type="checkbox"/> FTHB - (Existing)Substan. Rehab	[0010]
<input type="checkbox"/> Rental - Acquisition Only	[0005]	<input type="checkbox"/> FTHB - (Existing)Mod. Rehab	[0011]
<input type="checkbox"/> Rental - Substantial Rehab	[0006]		

Owner or Project Name: _____
Project Address: _____

If this is a revision, provide: Grantee Activity Number: **M** _ _ _ _ _ - _ _ and HUD Activity Number: _ _ _ _ _

Of the Total Estimated Cost of Project (Part A.7. on the Project Set-Up Report Form) provide the following breakdown according to funding source. Funding Source Codes and Descriptions are available on the HOME-3 form:

Funding Source Code	Check Here If Match	Funding Source Description	Amount(s) Part of Project Total	Amount(s) Not Part of Project Total
01		HOME Funds -	\$	
11		HOME Funds - Activity Delivery Costs	\$	
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total - Should equal Part A.7. on Project Set-Up Form			\$	

Project Address:	Project Number:
------------------	-----------------

No. of Bedrooms Code	Occupancy Code	Hispanic Ethnicity-Head of Household Code: If Hispanic origin, enter Y. If not Hispanic origin, enter N.	Race of Household Code	Size of Household Code	Type of Household Code	Rental Assistance Code
0 - 0 Bedroom	1 - Tenant		09-Vacant Unit	1 - 1 Person	1 - Single/non-Elderly	1 - Section 8
1 - 1 Bedroom	2 - Owner		10-Managers Unit	2 - 2 Persons	2 - Elderly	2 - HOME TBA
2 - 2 Bedrooms	9 - Vacant		11-White	3 - 3 Persons	3 - Related/Single	3 - Other
3 - 3 Bedrooms	% of Area Median Income Code		12-Blk/Afrcn Amrcn	4 - 4 persons	Parent	4 - No Assistance
4 - 4 Bedrooms			13-Asian	5 - 5 Persons	4 - Related/Two-Parent	9 - Vacant Unit
5 - 5 or more Bedrooms			14-Amrcn Indn/Alskn Ntve	6 - 6 Persons	5 - Other	
			15-Ntve Hawaiian/Othr Pac Islnder	7 - 7 Persons	9 - Vacant Unit	
			16-Amrcn Indn/Alskn Ntve & White	8 - 8 or more Persons		
	1 - 0-30%	C - Cuban	17-Asian & White	9 - Vacant Unit		
	2 - 30-50%	D - Other Hispanic Latino	18-Blk/Afrcn Amrcn & White			
	3 - 50-60%		19-Amrcn Indn/Alskn Ntve &			
	4 - 60-80%		Blk/Afrcn Amrcn			
	9 - Vacant		20-Other Multi-Racial			

Instructions for Completing the Homeownership Assistance/Rental Housing Project Set-Up Report

Read the instructions for each item carefully before completing the report form. Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. **Retain a copy and mail the original to:**

**Department of Housing and Community Development
HOME Program
1800 3rd Street, MS 390-3
P.O. Box 952054
Sacramento, CA 94252-2054**

Applicability. This report form must be completed for each homeownership or rental housing project assisted with home funds.

Write the Contract Number of the State Standard Agreement under which this project is being set up in the upper right-hand corner of page 1 of 4. An amended set-up report form should be submitted if a project is revised or if HOME funding for the project is increased or decreased and the change should be highlighted in yellow.

Part A:

- 1. Project Number.** For original submissions, leave blank. For revisions, enter the 10-digit HCD assigned Project Number (or the old 10-digit CMI assigned Project Number, if applicable)
- 2. Name of Participant.** Enter the name if the participating jurisdiction (PJ), or, in the case of State recipient projects, the name of the State recipient (identified on the HUD 40100 State Designation of Local Recipients form).
- 3. Participant Tax ID Number.** Enter the Tax (Employer) Identification Number for the participating jurisdiction from block 3 of the Funding Approval and HOME Investment Partnership Agreement (HUD-40093); for a State recipient project, enter the State recipient's Tax ID Number from the HUD-40100-State Designation of Local Recipients form.
- 4. CHDO Tax ID Number.** Complete only for projects assisted with funds reserved for Community Housing Development Organizations (CHDOs). Enter the Tax (Employer) ID Number for the CHDO shown in the Designation of Community Housing Organizations (CHDO) form (HUD-40098).
- 5. Type of Project.** Check on box to indicate the type of project set-up based on the following definitions: (Use of (1) and (2) has been discontinued as a result of statutory changes eliminating the rental production set-aside).
 - (3). Acquisition Only.** Acquisition of a structure that received a certificate of occupancy at least 13 months before acquisition, which does not require rehabilitation and which will be used to provide affordable rental or homeownership housing.
 - (4). Moderate Rehabilitation.** The average per unit total rehabilitation cost (HOME funds plus any other funds) of the HOME-assisted units in the project is \$25,000 or less and the project is any project involving (a) the repair or improvement of residential unit(s) to bring the unit(s) up to the property standards required by 24 CFR 92.251; (b) the reconfiguration of a structure to reduce the total units in order to increase the number of large family units, (c) adding a room or rooms (e.g., bedroom or bathroom) outside the existing walls for purposes of meeting occupancy or code standards, (d) the adding of a unit or units within the existing structure, and (e) the acquisition of a structure that received a certificate of occupancy at least 13 months before acquisition, which requires rehabilitation and which will be used to provide affordable rental housing or homeownership units.
 - (5). Substantial Rehabilitation.** The average per unit total rehabilitation cost (HOME funds plus any other funds) of the HOME-assisted units in the project exceeds \$25,000 per unit and the rehabilitation is otherwise consistent with the definition of rehabilitation of residential property as defined above in 5. (4).
 - (6) New Construction.** Any project involving (a) adding units outside the existing walls if the structure, (b) the construction of a new residential unit(s), (c) the acquisition of land or the demolition of an existing structure for the purpose of constructing a new structure with HOME funds, and (d) acquisition of a structure that has received an initial certificate of occupancy within a one-year period prior to acquisition.

Note: When projects combine new construction in one building(s) with rehabilitation activities in another building(s) on one parcel of land, the projects, by type of activity (i.e., rehabilitation or new construction), must be administratively set up as separate projects.

6. HOME Funds for project.

- a. Enter the total amount of HOME funds requested for the project.
- b. Enter the participant number for each grant and fiscal year source of HOME of HOME funds committed for the project.
- c. Indicate the amount of HOME funds from each fiscal year by participant number.

7. Total Estimated Cost of Project (HOME-assisted units, including other public/private funds). Enter the total estimated cost (hard and soft costs) for the HOME-assisted units in the project, including other public/private funds. (do not include costs attributable to units in the project that are not HOME-assisted units).

8. Name & Phone Number (Including Area Code) of Person Completing Form. Enter the name and phone number, including area code, of the person to contact for further information regarding this report form.

Part B: Project Information

1. Street Address of Project. Self-Explanatory.

2. Name of Owner. For projects containing rental units, enter the name of the owner. For single-unit homeownership projects, enter "NA" for not applicable.

3. Mailing Address of Owner. For projects containing rental units, indicate the mailing address of the owner. For single-unit homeownership projects, enter "NA" for not applicable.

4. Name of Firm. For projects containing rental units, if the project is owned by a firm or other organization, enter the name of the firm or organization. Enter the firm address in Item 3 above. For single-unit homeownership projects and other projects which are not owned by a firm, enter "NA" for not applicable.

5. Total Units in Project Prior to Assistance. Enter the total number of units in the project (both HOME-assisted and non-HOME-assisted units).

6. Estimated Units Upon Completion. Enter the total estimated number of units that will be in the project upon completion (both HOME-assisted units and non-HOME-assisted units).

7. Total HOME-Assisted Units Upon Completion. Enter the total number of units (upon completion) that will receive HOME assistance.

8. Type of Ownership. Check one box only.

9. Tenure Type. Check one box only. For 2 - 4 unit projects containing both an owner occupant and rental unit(s), check box (2) or (3). For 5 or more unit projects containing an owner occupant and rental units check box (1). (NOTE: This will affect which completion report is required upon completion).

10. Community Housing Development Organization Projects. Complete only for projects assisted with funds reserved for Community Housing Development Organizations (CHDOs). Check one box only..

11. County Code. To be completed only for centralized state projects. Enter the 3-digit county code for the county in which the project is location

Part C.: Contractor and Project Activity Information.

- (1) Contractor Name and whether it is original submission or revision
- (2) HOME Contract Number
- (3) Name and phone # of person completing this form and the date
- (4) Type of Project
- (5) Owner of Project's Name
- (6) Project Address
- (7) **Grantee Activity (Project) & HUD Activity Number**
(For Revisions only)
- (8) **Total Estimated Costs of Project:** Funding codes and Descriptions are available on the HOME-3 form in Appendix I-D-5

Part D: Household Characteristics

Provide information on the characteristics of each household (renter or owner) occupying a unit to be assisted with HOME funds. Complete one line for each unit to be assisted with HOME funds. Enter one code only in each block. If the project is a 1 to 4 unit owner-occupied rental project, provide characteristics for tenants as well as for the owner. If the unit is occupied, complete all boxes. If information is not available, enter 9. If a unit is unoccupied, enter unit number, number of bedrooms, and total rent. **Do not complete for new construction projects.**

Unit Number. For rental units, enter the unit number of each unit that will receive HOME assistance.

Number of Bedrooms. Enter 0 for single room occupancy (SRO) unit or for efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, 5 for 5 or more bedrooms.

Occupancy. Enter 1 if the unit occupied by a tenant, 2 if it is occupied by a homeowner, 9 if it is vacant.

Monthly Rent (Including Utilities).

Tenant Contribution. For homeowner, enter 0. For renters enter the actual rent to the nearest dollar, including utilities, paid by the tenant at the time HOME funds were committed to the project. If the tenant's rent does not include utilities, or if the tenant's rent includes only partial utilities, *e.g.*, heat, but not electricity, these utility costs must be added to the rent. Use actual costs or use the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

Subsidy Amount. For homeowners, enter 0. For renters enter the amount the tenant receives as a rent subsidy payment (including any utility allowance paid directly to the tenant) to the nearest dollar. If the tenant does not receive a tenant subsidy payment, enter 0.

Total Rent. For homeowners enter 0. For renters enter the total monthly rent (Tenant Payment plus Subsidy Amount).

Note for vacant units: Vacant, but habitable units: Enter the last known rent in "Total Rent" column or the rent being asked by the owner. Vacant and uninhabitable unit: Enter 0 in "Total Rent" column.

INCOME DATA

Monthly Gross Income. Enter the monthly gross household income.

Percent of Area Median Income. For each occupied residential unit, enter one code only based on the following definitions:

- 1 - **0 - 30 Percent of Area Median** means a household whose income is at or below 30 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 2 - **30 - 50 Percent of Area Median** means a household whose income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 3 - **50 - 60 Percent of Area Median** means a household whose income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 4 - **60 - 80 Percent of Area Median** means a household whose income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.

HOUSEHOLD DATA

Ethnicity/Race: This information is confidential and is only for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

Hispanic Ethnicity – Head of Household: If Hispanic origin, enter Y. If not Hispanic origin, enter N.

Race Head of Household: For each occupied residential unit, enter one code only based on the following definitions:

09 - Vacant Unit. Self-Explanatory.

10 - Managers Unit. Self-Explanatory

11 - White. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

12 - Black/African American. A person having origins in any of Black racial groups of Africa.

13 - Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes, for example, China, India, Japan, and Korea.

14 - American Indian/Alaskan Native. A person having origins in any of the original peoples of the North American Continent, and who maintains cultural identification through tribal affiliations or community recognition.

15 - Native Hawaiian/Other Pacific Islander. A person having origins in any of the original peoples of the Pacific Islands. This area includes, for example, the Philippine Islands, Hawaii, and Samoa.

16 - American Indian/Alaskan Native & White. A person having origins in both American Indian/Alaskan Native and White Race categories.

17 - Asian & White. A person having origins in both Asian and White race categories.

18 - Black/African American & White. A person having origins in both Black/African American & White race categories.

19 - American Indian/Alaskan Native & Black/African American. A person having origins in both American Indian/Alaskan Native & Black/African American race categories.

20 - Other Multi-Racial. A person having origins in more than one of the race categories combined.

Size of Household. Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8).

Type of Household: For each residential unit, enter one code only based on the following definitions:

- 1 - **Single/Non-Elderly.** One person household in which the person is not elderly.
- 2 - **Elderly.** One or two person household with a person at least 62 years of age.
- 3 - **Related/Single Parent.** A single parent household with a dependent child or children (18 years of age or younger).
- 4 - **Related/Two Parent.** A two parent household with a dependent child or children (18 years of age or younger).
- 5 - **Other.** Any household that is not included in the above 4 definitions, including two or more unrelated individuals.
- 9 - **Vacant Unit.** Self-Explanatory.

Rental Assistance: For rental units, enter one code only to indicate the type of assistance being provided to the tenant, or that no assistance is being provided, or that the unit is vacant at the time of project set-up.

- 1 - **Section 8.** Tenants receiving assistance through the Section 8 Certificate Program under 24 CFR Part 882 or the Section 8 Housing Voucher Program under 24 CFR Part 887.
- 2 - **HOME Tenant-Based Rental Assistance.** Tenants receiving rental assistance through the HOME Program.
- 3 - **Other Assistance.** Tenants receiving rental assistance through other Federal, State, or local rental assistance programs, including rental assistance payments through programs administered by the U.S. Department of Health and Human Services or through departments of social services in States.
- 4 - **No Assistance**
- 9 - **Vacant Unit.** Self-Explanatory